

# Antepartum and Intrapartum Period Obstetrics (OB) SCC 4th Quarter Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

**Remember:** successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## **1. Start with a Diagnostic Review**

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## **2. Study in Short, Focused Sessions**

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## **3. Learn from the Explanations**

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## **4. Track Your Progress**

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## **5. Simulate the Real Exam**

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## **6. Repeat and Review**

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## Questions

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- 1. In GTPAL 5-2-1-1-2, how many total pregnancies has the patient had?**
  - A. 4**
  - B. 5**
  - C. 6**
  - D. 3**
  
- 2. How is trial of labor after cesarean (TOLAC) approached in modern practice?**
  - A. Assess eligibility for VBAC with prior birth history, monitor closely, and ensure availability of emergency cesarean delivery.**
  - B. Schedule a repeat cesarean at 39 weeks without evaluation.**
  - C. Avoid any monitoring during labor to reduce intervention.**
  - D. Perform TOLAC only in outpatient settings.**
  
- 3. A client who is 15 weeks pregnant comes to the clinic for amniocentesis. Which of the following is a valid use of this test?**
  - A. Chromosomal defects**
  - B. Neural tube defects**
  - C. Fetal demise**
  - D. Sex of the fetus**
  
- 4. Postpartum care measures help prevent infection after cesarean delivery. Which of the following is included?**
  - A. Prolonged bed rest**
  - B. Avoiding wound checks**
  - C. Early ambulation**
  - D. Adherence to aseptic technique**

5. In a patient at 15 weeks' gestation with dark brown vaginal bleeding, frequent nausea and vomiting, blood pressure 142/98 mm Hg, and fundal height 19 cm, which prescription is most important for the nurse to request from the primary care provider?
- A. Bed rest
  - B. Stat ultrasound
  - C. Antihypertensive medication
  - D. Serial hematocrit
6. What is a key step in the management of umbilical cord prolapse when the presenting part cannot be immediately repositioned?
- A. Elevate presenting part to relieve cord compression.
  - B. Manual elevation of the cord needs to be performed immediately.
  - C. Call for urgent delivery without other maneuvers.
  - D. Tocolysis to stop contractions.
7. A client who is 15 weeks pregnant comes to the clinic for amniocentesis. Which of the following can amniocentesis determine?
- A. Gestational age
  - B. Chromosomal defects
  - C. Sex of the fetus
  - D. Placental location
8. A primigravid client in active labor has just received an epidural block. After administration, the nurse should assess for:
- A. Hypotension.
  - B. Nausea and vomiting.
  - C. Hypertension.
  - D. Hyperthermia.

- 9. A client who is 15 weeks pregnant comes to the clinic for amniocentesis. This test can identify which of the following?**
- A. Placental previa**
  - B. Fetal heart rate**
  - C. Chromosomal defects**
  - D. Maternal blood type**
- 10. When explaining to a pregnant client about the need to take supplemental vitamins with iron during her pregnancy, the nurse should instruct the client to take the iron with which liquid to promote maximum absorption?**
- A. Milk.**
  - B. Water.**
  - C. Coffee.**
  - D. Orange juice.**

## Answers

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1. B
2. A
3. B
4. D
5. B
6. A
7. C
8. C
9. C
10. D

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## **Explanations**

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**1. In GTPAL 5-2-1-1-2, how many total pregnancies has the patient had?**

- A. 4
- B. 5**
- C. 6
- D. 3

Gravidity is the total number of pregnancies a patient has had, including the current one if applicable. In GTPAL, the first number is gravidity. So a value of 5 means the patient has been pregnant five times in total. The other numbers describe the outcomes of those pregnancies: term births 2, preterm births 1, abortions 1, and living children 2. The sum of term, preterm, and abortions is 4, which indicates one pregnancy is still ongoing (counted in gravidity but not yet in outcomes). The living count (2) reflects how many of the completed pregnancies resulted in a living child. Thus, total pregnancies = five.

**2. How is trial of labor after cesarean (TOLAC) approached in modern practice?**

- A. Assess eligibility for VBAC with prior birth history, monitor closely, and ensure availability of emergency cesarean delivery.**
- B. Schedule a repeat cesarean at 39 weeks without evaluation.
- C. Avoid any monitoring during labor to reduce intervention.
- D. Perform TOLAC only in outpatient settings.

The main idea being tested is how trial of labor after cesarean (TOLAC) is approached in current practice: offer VBAC to appropriate candidates but with careful selection and strong safety measures in place. The best approach starts with evaluating eligibility based on the patient's prior birth history and the type of uterine scar. A previous low transverse uterine scar, especially if there has been a prior successful VBAC, makes VBAC the most favorable option. In modern care, if the patient is considered a good candidate, labor is managed in a setting where continuous fetal and maternal monitoring is available, and there is immediate access to emergency cesarean delivery if needed. This readiness is crucial because uterine rupture, though uncommon, is a serious risk during TOLAC and requires rapid surgical intervention. So this answer reflects a balanced plan: assess whether the patient is likely to have a successful vaginal birth based on her history, monitor closely during labor to detect any signs of trouble early, and maintain the capability to perform an emergency cesarean without delay. This contrasts with scheduling a repeat cesarean without evaluation, avoiding monitoring, or restricting TOLAC to outpatient settings, all of which would either unnecessarily limit VBAC opportunities or compromise safety.

**3. A client who is 15 weeks pregnant comes to the clinic for amniocentesis. Which of the following is a valid use of this test?**

- A. Chromosomal defects**
- B. Neural tube defects**
- C. Fetal demise**
- D. Sex of the fetus**

Midpregnancy amniocentesis is performed to analyze the fetal components in the amniotic fluid, especially alpha-fetoprotein (AFP) and acetylcholinesterase. When the neural tube doesn't close properly, AFP leaks into the amniotic fluid and acetylcholinesterase becomes detectable. A combination of elevated AFP and positive acetylcholinesterase in the amniotic fluid is highly indicative of an open neural tube defect, making this a direct, diagnostic use of the test at about 15 weeks. Fetal demise isn't diagnosed by this test, and while genetic testing on amniotic cells can reveal chromosomal abnormalities, the scenario here specifically points to detecting neural tube defects rather than sex determination or demise.

**4. Postpartum care measures help prevent infection after cesarean delivery. Which of the following is included?**

- A. Prolonged bed rest**
- B. Avoiding wound checks**
- C. Early ambulation**
- D. Adherence to aseptic technique**

The main idea here is preventing infection at the cesarean incision by keeping the wound care strictly sterile. Adherence to aseptic technique means performing wound cleaning, dressing changes, and all contact with the incision with clean hands, sterile gloves and supplies, and proper sanitation. This minimizes the chance that bacteria reach the surgical site, which is the most direct and reliable way to reduce postoperative wound infection. Prolonged bed rest isn't a method to prevent infection; it can actually raise risks like pneumonia, blood clots, and poor circulation, which don't help with wound infection prevention. Avoiding wound checks delays detection of infection signs, which is unsafe—regular, careful wound assessment is important for catching problems early. Early ambulation helps overall recovery and reduces some complications, but it's not the measure most directly tied to preventing surgical-site infection compared with keeping the wound care strictly aseptic.

5. In a patient at 15 weeks' gestation with dark brown vaginal bleeding, frequent nausea and vomiting, blood pressure 142/98 mm Hg, and fundal height 19 cm, which prescription is most important for the nurse to request from the primary care provider?
- A. Bed rest
  - B. Stat ultrasound**
  - C. Antihypertensive medication
  - D. Serial hematocrit

When vaginal bleeding in early pregnancy is accompanied by a fundal height that seems larger than expected for gestational age, the most urgent step is to rapidly determine what is going on inside the uterus. A stat ultrasound provides the quickest, most informative look at viability, location, and dating. An urgent ultrasound can confirm that the pregnancy is intrauterine and show whether a fetal heartbeat is present, which helps distinguish viable pregnancy from a miscarriage or a potential ectopic pregnancy. It also helps determine gestational age and assess placental location, both of which explain why the fundal height appears higher than dates. In addition, ultrasound can reveal signs suggestive of molar pregnancy (for example, an abnormal uterus size for gestational age with bleeding), guiding immediate management. Other options don't address the underlying need as directly. Bed rest has limited evidence for improving outcomes in bleeding episodes and won't clarify the diagnosis. Antihypertensive medication would be considered if severe or persistent hypertension were present, but this BP finding alone doesn't resolve the bleeding risk or determine location and viability. Serial hematocrit may help monitor ongoing blood loss but won't identify the cause or location of the bleeding. The ultrasound finding is what guides urgent management.

6. What is a key step in the management of umbilical cord prolapse when the presenting part cannot be immediately repositioned?
- A. Elevate presenting part to relieve cord compression.**
  - B. Manual elevation of the cord needs to be performed immediately.
  - C. Call for urgent delivery without other maneuvers.
  - D. Tocolysis to stop contractions.

Relieving cord compression is the immediate priority in umbilical cord prolapse. If the presenting part can't be repositioned, the best step is to manually elevate the presenting part off the cord by inserting a gloved hand into the vagina and lifting the fetal head or buttocks upward. This directly reduces pressure on the cord, improving fetal oxygenation and buying time for delivery. While maintaining this maneuver, position the patient to maximize relief (e.g., Trendelenburg or knee-chest) and arrange urgent delivery. Elevating the cord itself doesn't address the compression as effectively, urgent delivery is necessary but relief of compression comes first, and tocolysis is not the primary immediate intervention in this situation.

**7. A client who is 15 weeks pregnant comes to the clinic for amniocentesis. Which of the following can amniocentesis determine?**

- A. Gestational age**
- B. Chromosomal defects**
- C. Sex of the fetus**
- D. Placental location**

Amniotic fluid contains fetal cells that can be cultured and analyzed to reveal the fetal karyotype. From this genetic material you can identify the sex chromosomes, so you can determine whether the fetus is XX or XY. That's why amniocentesis can tell the sex of the fetus, especially by this stage when there are enough fetal cells for accurate testing. By contrast, gestational age and placental location are typically assessed with ultrasound, not amniocentesis. Chromosomal defects can be detected with this test as well, but if you're choosing the single most direct outcome listed, identifying the sex is a straightforward result of analyzing the fetal chromosomes.

**8. A primigravid client in active labor has just received an epidural block. After administration, the nurse should assess for:**

- A. Hypotension.**
- B. Nausea and vomiting.**
- C. Hypertension.**
- D. Hyperthermia.**

Epidural anesthesia can cause significant hemodynamic changes because the sympathetic nerves in the thoracic-to-lumbar region are blocked. This blockade leads to systemic vasodilation and venous pooling, especially in the lower body, which reduces venous return to the heart and lowers maternal blood pressure. The most important thing to monitor right after administering an epidural is blood pressure, since hypotension can compromise uteroplacental perfusion and potentially affect the fetus. You'll often see symptoms like dizziness or lightheadedness, and nausea can accompany the drop in blood pressure. Management centers on increasing intravascular volume with IV fluids, positioning the patient to maximize venous return (commonly on the left side to reduce aortocaval compression), and using vasopressors as ordered (such as phenylephrine or ephedrine) with continuous BP monitoring. Hypertension and hyperthermia are not typical immediate concerns from an epidural block, though fever can occur in some cases and nausea may arise as a secondary symptom to hypotension.

**9. A client who is 15 weeks pregnant comes to the clinic for amniocentesis. This test can identify which of the following?**

- A. Placental previa**
- B. Fetal heart rate**
- C. Chromosomal defects**
- D. Maternal blood type**

Amniocentesis is used to diagnose chromosomal abnormalities in the fetus by analyzing fetal cells shed into the amniotic fluid. By obtaining a sample of this fluid, clinicians can perform karyotyping or more advanced genetic testing to detect abnormalities in chromosome number or structure, such as trisomies or deletions. This is exactly what chromosomal defects refer to in the context of prenatal testing. Placental previa, the placenta covering the cervix, is assessed with ultrasound to visualize placental location, not by analyzing amniotic fluid. Fetal heart rate is monitored via ultrasound or Doppler, not through amniocentesis. Maternal blood type is determined from maternal blood samples, not from fetal cells in the amniotic fluid.

**10. When explaining to a pregnant client about the need to take supplemental vitamins with iron during her pregnancy, the nurse should instruct the client to take the iron with which liquid to promote maximum absorption?**

- A. Milk.**
- B. Water.**
- C. Coffee.**
- D. Orange juice.**

Maximizing iron absorption relies on an acidic environment and vitamin C. Orange juice provides a good source of vitamin C, which helps convert iron to the more absorbable ferrous form and keeps it soluble in the gut, increasing how much iron the body can take in. In contrast, milk contains calcium that competes with iron absorption, coffee has polyphenols that bind iron and reduce its uptake, and plain water lacks any vitamin C to boost absorption. Therefore, taking the iron with orange juice is the best option to promote maximum absorption.

## Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://anteintrapartumobsc4thqrt.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**

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